

## Foster Family Home - Corrective Action Report

Provider ID: 2-510801

Home Name: Nancy Ybanez, RN

338 Ainaola Drive

Hilo

HI 96720

Review ID: 2-510801-9

Reviewer: Carol Copeland

Begin Date: 11/21/2019

**Foster Family Home Required Certificate [11-800-6]**

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Home inspection performed to recertify two client home. Home not in compliance on day of inspection.

**Foster Family Home Background Checks [11-800-8]**

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1) Only one set of fingerprints in home binder for caregivers # 1,2 and 3.

8.(a)(2) No current APS1,2 or 3., CAN checks in home binder for caregivers #

p.p Carol Copeland /

Compliance Manager

Primary Care Giver

*Angel England*

*Nancy Ybanez*

2/18/20

Date

11/18/2020

Date

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report

Chapter 17-1454

CCFFH Name:

Ybanez Adult Foster Home

CCFFH Address:

330 Anacola Drive  
Hilo, HI 96720

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.a.1	Acquired second set of fingerprinting for CG #1, 2, and 3 on December 12, 2019. Previous fingerprinting done in 2017 placed back on file.	1/18/20	Fingerprinting records will not be removed from file.
8.a.2.	APS/CAN checks done for CG 1, 2, 3 on 12/12/2019. Received green light and placed on file.		APS/CAN checks on file for CG #1, 2, 3

Primary Caregiver's Signature:

*Nancy Ybanez*

Print Name:

Nancy Ybanez

Date of Signature:

1/18/2020